STATEMENT OF

FORM 1	ORGANIZA (See instructions)		Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Friends of Joe	Heck		
ADDRESS (number and s	PO Box 750114		
(Check if address is changed)	Las Vegas		NV 89136 _
	С	EITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-ma		
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL) heck4nevada.com		
 DATE M M M M O 9 FEC IDENTIFICA IS THIS STATEM 		C00468421 X AMENDED (A)	
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my knowle	edge and belief it is true, correct an	nd complete
Signature of Treasurer	Electronically Filed by Chrissie Has	stie	Date 10 / DDD / YYYY
NOTE: Submission of fall	se, erroneous, or incomplete information may st		,
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	